			_		
Fill in this in	nformation to identif	y the case:			
United State	s Bankruptcy Court fo	or the:			
	District of	_			
Case number	er (If known):	Chapter			
					Check if this is a amended filing
Official I	Form 105				g
		tition Against ar	n Individ	lual	12/15
case against	a non-individual, us	tcy case against an individual you allow the Involuntary Petition Against a North, d, attach a separate sheet to this form	lon-individual (Of	icial Form 205). Be as complete	and accurate as
Part 1: Id	entify the Chapte	r of the Bankruptcy Code Under \	Which Petition	ls Filed	
1. Chapter		Check one:			
Bankrup	tcy Code	☐ Chapter 7			
		Chapter 11			
Part 2: Id	entify the Debtor				
2. Debtor's	full name				
		First name			
		Middle name			
		Last name			
		Suffix (Sr., Jr., II, III)			
	mes you know or has used in				
Include ar married, n	y assumed, naiden, or trade doing business as				
4. Only the debtor's	last 4 digits of Social Security	☐ Unknown			
Individu	or federal al Taxpayer ation Number	xxx - xx	OF	9 xx - xx	
(EINs) us	oloyer ation Numbers sed in the last 8	Unknown			
years		EIN			
			_		

Debtor	Case number (if known)	

6.	Debtor's address	Prir	cipal residence		Mailing addr	ess, if different fro	m resider	nce
		Num	ber Street		Number S	Street		
		City	State Z	ZIP Code	City		State	ZIP Code
		Cou	nty					
		Prir	cipal place of business					
		Num	ber Street					
		City	State Z	ZIP Code				
		Cou	nty					
			,					
7.	Type of business		Debtor does not operate a business					
		Che	ck one if the debtor operates a business:	:				
			Health Care Business (as defined in 11	U.S.C. § 10	1(27A))			
			Single Asset Real Estate (as defined in					
			Stockbroker (as defined in 11 U.S.C. § 1	101(53A))				
			Commodity Broker (as defined in 11 U.S	S.C. § 101(6	5))			
			None of the above					
_	Time of debt							
8.	Type of debt	Ead	ch petitioner believes:					
			Debts are primarily consumer de "incurred by an individual primarily for a				§ 101(8) a	as
			Debts are primarily business debt for a business or investment or through				d to obtair	n money
9.	Do you know of any		No					
	bankruptcy cases pending by or against		Yes. Debtor			Relationship		
	any partner, spouse, or		District	Date filed		Case number, if know	(D	
	affiliate of this debtor?		District		M / DD / YYYY	Case number, il know	/11	
			Debtor			Relationship		
			District			Case number, if know	/n	
					M / DD / YYYY			

Debtor	Case number (if known)				
Part 3: Report About the	Case				
10. Venue Reason for filing in this court.	Check one: Over the last 180 days before the filling of this bankruptcy, the debtor has resided, had the p	rincinal place of			
	business, or had principal assets in this district longer than in any other district. A bankruptcy case concerning debtor's affiliates, general partner, or partnership is pending in the property of the last residue, had the				
	Other reason. Explain. (See 28 U.S.C. § 1408.)				
11. Allegations	Each petitioner is eligible to file this petition under 11 U.S.C. § 303(b). The debtor may be the subject of an involuntary case under 11 U.S.C. § 303(a).				
	At least one box must be checked:				
	☐ The debtor is generally not paying such debtor's debts as they become due, unless they are bona fide dispute as to liability or amount.	the subject of a			
	☐ Within 120 days before the filing of this petition, a custodian, other than a trustee, receiver, of authorized to take charge of less than substantially all of the property of the debtor for the prolien against such property, was appointed or took possession.	or agent appointed or urpose of enforcing a			
12. Has there been a transfer of any claim against the debtor by or to any petitioner?	☐ No ☐ Yes. Attach all documents that evidence the transfer and any statements required under Ba 1003(a).	nkruptcy Rule			
13. Each petitioner's claim	Name of petitioner Nature of petitioner's claim	Amount of the claim above the value of any lien			
		\$			
		\$			
		\$			
	Total	\$			
	If more than 3 petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's (or representative's) signature under the statement, along with the signature of the petitioner's attorney, and the information on the petitioning creditor, the petitioner's claim, the petitioner's representative, and the attorney following the format on this form.				

Debtor	Case number (if known)

Part 4:

Request for Relief

Petitioners request that an order for relief be entered against the debtor under the chapter specified in Part 1 of this petition. If a petitioning creditor is a corporation, attach the corporate ownership statement required by Bankruptcy Rule 1010(b). If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.

Petitioners declare under penalty of perjury that the information provided in this petition is true and correct. Petitioners understand that if they make a false statement, they could be fined up to \$250,000 or imprisoned for up to 5 years, or both.

18 U.S.C. §§ 152 and 3571. If relief is not ordered, the court may award attorneys' fees, costs, damages, and punitive damages. 11 U.S.C. § 303(i).

Petitioners or Petitioners' Representative	Attorneys
X Asrael Farkash	x
Signature of petitioner or representative, including representative's title	Signature of attorney
Printed name of petitioner	Printed name
Date signed MM / DD / YYYY	Firm name, if any
Mailing address of petitioner	Number Street
Number Street	City State ZIP Code
Number Greek	Date signed MM / DD / YYYY
City State ZIP Code	Contact phone Email
If petitioner is an individual and is not represented by an attorney:	
Contact phone	
Email	
Name and mailing address of petitioner's representative, if any	
Name	
Number Street	
City State ZIP Code	

Signature of pe	titioner or representative, including	representative's title
Printed name of	f petitioner	
Date signed	MM / DD /YYYY	
Mailing addr	ess of petitioner	
Number Stre	et	
City	State	ZIP C
Name and ma	ailing address of petitioner's	s representative, if a
Name and ma	ailing address of petitioner's	s representative, if a
		s representative, if a
Name		s representative, if a

Signature of Attorne	у		
Printed name			
Firm name, if any			
Number Street			
City		State	ZIP Code
Date signed MN	// / DD / YYYY	_	
Contact phone		Emoil	

Signature of petitioner or	representative, including repres	entative's title
Printed name of petitioner		
Date signed	DD /YYYY	
Mailing address of pe	etitioner	
Number Street		
City	State	ZIP Code
	dress of petitioner's repre	esentative, if any
Name and mailing ad		, ,
Name and mailing ad		

State

Signature of Attorney		
Printed name		
Firm name, if any		
Number Street		
City	State	ZIP Code
Date signedMM / DD / YYYY		
Contact phone	Email	

City

ZIP Code